

U.S. Department of Justice
United States Marshals Service

PROCESS RECEIPT AND RETURN

*See Instructions for "Service of Process by the U.S. Marshal"
on the reverse of this form.*

PLAINTIFF

*Muthay
Crosson*

COURT CASE NUMBER

CV-00-1996

DEFENDANT

U.S. Attorney - Attn: Esq: Kathy Freye

TYPE OF PROCESS

SAC

SERVE



NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC., TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN

ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code)

AT

Harrisburg, PA

SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW:

Number of process to be

served with this Form - 285

Number of parties to be served in this case

Check for service on U.S.A.

*FILED**ATTORNEY**JAN 8 2001*

PER

*Deputy Clerk*SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available For Service):
Fold

Signature of Attorney or other Originator requesting service on behalf of:

 PLAINTIFF
 DEFENDANT

TELEPHONE NUMBER

DATE

SPACE BELOW FOR USE OF U.S. MARSHAL ONLY — DO NOT WRITE BELOW THIS LINE

I acknowledge receipt for the total number of process indicated.
(Sign only first USM 285 if more than one USM 285 is submitted)

Total Process

District of Origin

District to Serve

Signature of Authorized USMS Deputy or Clerk

Date

No. 67

No. 67

1/14/01

I hereby certify and return that I have personally served, have legal evidence of service, have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above or on the individual, company, corporation, etc., shown at the address inserted below.

I hereby certify and return that I am unable to locate the individual, company, corporation, etc., named above (See remarks below)

Name and title of individual served (if not shown above)

KATHY ENDERS (SAC)
 A person of suitable age and discretion then residing in the defendant's usual place of abode.

Address (complete only if different than shown above)

 Date of Service: *12/14/01* Time: *1:50 pm*
 Signature of U.S. Marshal or Deputy: *[Signature]*

Service Fee	Total Mileage Charges (including endeavors)	Forwarding Fee	Total Charges	Advance Deposits	Amount owed to U.S. Marshal or	Amount of Refund
<i>45.00</i>			<i>\$45.00</i>			

REMARKS:

U.S. Department of Justice
United States Marshals Service

PROCESS RECEIPT AND RETURN
See Instructions for "Service of Process by the U.S. Marshal"
on the reverse of this form.

PLAINTIFF

Mutley

COURT CASE NUMBER

CV-00-1996

DEFENDANT

Crosson

TYPE OF PROCESS

SAC

SERVE



NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC., TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN

The Attorney General, DOJ

ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code)

Washington, DC 20530

AT

SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW:

Number of process to be served with this Form - 285

Number of parties to be served in this case

Check for service on U.S.A.

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

*The Attorney General
DOJ
Washington, DC
20530*

COMPLETE THIS SECTION ON DELIVERY

A. Return Address (Name, Street, City, State, ZIP Code) of Delivery

**DEPARTMENT OF
JUSTICE**

C. Signature

Sam J. Parker Agent Addressee

D. Is delivery address different from item 1?

If YES, enter delivery address below:

Sam J. Parker

TELEPHONE NUMBER

DATE

DO NOT WRITE BELOW THIS LINE

JSMS Deputy or Clerk

Date

elle 12/3/00

3. Service Type

- Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee)

 Yes

as shown in "Remarks", the process described is to be performed at the address inserted below.

2. Article Number (Copy from service label)

7000 0600 0024 2520 0230

CV-00-1996

PS Form 3811, July 1999

Domestic Return Receipt

102595-00-M-0952

named above (See remarks below)

Name and title of individual served _____
 A person of suitable age and discretion then residing in the defendant's usual place of abode.

Date of Service _____ Time _____ am _____ pm _____

Signature of U.S. Marshal or Deputy _____

O. Lanelle

Service Fee	Total Mileage Charges (including endeavors)	Forwarding Fee	Total Charges	Advance Deposits	Amount owed to U.S. Marshal or Deputy _____	Amount of Refund _____
<i>8.00</i>			<i>8.00</i>			

REMARKS:

**U.S. Department of Justice
United States Marshals Service**

PROCESS RECEIPT AND RETURN

*See Instructions for "Service of Process by the U.S. Marshal"
on the reverse of this form.*

PLAINTIFF

Issa Mutlaq

DEFENDANT

John Crosson

SERVE



NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC., TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN

John Crosson, I.N.S. Deportation Officer

ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code)

I.N.S. Allenwood L.S.I., PO Box 209, Whitedeer, Pa 17887

AT

SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW:

**Issa Mutlaq
Snyder County Prison
600 Old Colony Road
Selinsgrove, Pa 17870**

COURT CASE NUMBER

00-1996

TYPE OF PROCESS **Civil**

Number of process to be served with this Form - 285

1

Number of parties to be served in this case

*** 3**

Check for service on U.S.A.

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

**John Crosson I.N.S.
Deportation Officer
I.N.S. Allenwood L.S.I.
P.O. Box 209
White Deer, PA
17887**

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) B. Date of Delivery

1/22/00

C. Signature

[Signature] Agent Addressee

D. Is delivery address different from item 1?

If YES, enter delivery address below:

Yes No

**at the Allenwood
OR 570-547-6141.**

EPHONE NUMBER

70-374-7912

DATE

11/7/00

DO NOT WRITE BELOW THIS LINE

MS Deputy or Clerk

Andrea Lavelle

Date

12/12/00

is shown in "Remarks", the process described
action, etc., shown at the address inserted below.

3. Service Type

Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee)

Yes

2. Article Number (Copy from service label)

000 0600 0024 7520 0209

00-1996

102595-00-M-0952

PS Form 3811, July 1999

Domestic Return Receipt

ied above (See remarks below)

A person of suitable age and dis-
cretion then residing in the defendant's
usual place of abode.

Date of Service Time am

12/22/00 pm

Signature of U.S. Marshal or Deputy

Andrea Lavelle

Service Fee	Total Mileage Charges (including endeavors)	Forwarding Fee	Total Charges	Advance Deposits	Amount owed to U.S. Marshal or Deputy	Amount of Refund
<i>8.00</i>			<i>8.00</i>			

REMARKS:

**U.S. Department of Justice
United States Marshals Service**

PROCESS RECEIPT AND RETURN

*See Instructions for "Service of Process by the U.S. Marshal"
on the reverse of this form.*

PLAINTIFF

Issa Mutlaq

COURT CASE NUMBER

00-1996

DEFENDANT

Steven M. Wacha

TYPE OF PROCESS

SAC Civil

SERVE



NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC., TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN

Steven M. Wacha, I.N.S. Officer

ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code)

I.N.S., 3434 Concord Road, York, Pa 17402

AT

SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW:

**Issa Mutlaq
Snyder County Prison
600 Old Colony Road
Selinsgrove, Pa 17870**

Number of process to be served with this Form - 285

1

Number of parties to be served in this case

3

**X for service
J.S.A.**

CE (Include Business and Alternate Addresses, All

Fold

York, Pa., and

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

**Steven M. Wacha
INS Officer
INS
3434 Concord Rd
York, PA 17402**

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) B. Date of Delivery

C. Signature

D. Is delivery address different from item 1?

If YES, enter delivery address below:

Agent

Addressee

Yes

No

3. Service Type

Certified Mail Express Mail

Registered

Return Receipt for Merchandise

Insured Mail

C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

PHONE NUMBER
'0-374-7912

DATE
11/7/00

I WRITE BELOW THIS LINE

MS Deputy or Clerk

Date

Lanelle

12/14/00

**as shown in "Remarks", the process described
action, etc., shown at the address inserted below.**

2. Article Number (Copy from service label)

7000 0000 0024 25200216

PS Form 3811, July 1999

Domestic Return Receipt

102595-00-M-0952

I hereby certify and return that I am unable to locate the individual, company, corporation, etc., named above (See remarks below)

Name and title of individual served (if not shown above)

A person of suitable age and dis-
cretion then residing in the defendant's
usual place of abode.

Address (complete only if different than shown above)

Date of Service **Time**

12/14/00

am

Signature of U.S. Marshal or Deputy

Anne Lanelle

Service Fee	Total Mileage Charges (including endeavors)	Forwarding Fee	Total Charges	Advance Deposits	Amount owed to U.S. Marshal or	Amount of Refund
8.00			8.00			

REMARKS:

U.S. Department of Justice
United States Marshals Service

PROCESS RECEIPT AND RETURN

See Instructions for "Service of Process by the U.S. Marshal"
on the reverse of this form.

PLAINTIFF

Issa Mutlaq

COURT CASE NUMBER

06-1996

DEFENDANT

Charles Zemski

TYPE OF PROCESS

Civil

SAC

SERVE



NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC., TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN
Charles Zemski, District Director of I.N.S.

ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code)

I.N.S., 1600 Callowhill Road, Philadelphia, Pa 19130

AT

SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW:

**Issa Mutlaq
Snyder County Prison
Road**

Number of process to be
served with this Form - 285

1

Number of parties to be
served in this case

3

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

**Charles Zemski
District Director
INS
1600 Callowhill Rd.
Phila., PA 19130**

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly)	B. Date of Delivery
---------------------------------------	---------------------

C. Signature

X *[Signature]*

 Agent Addressee

D. Is delivery address different from item 1?

YES, enter delivery address below:

 Yes No

3. Service Type

<input type="checkbox"/> Certified Mail	<input type="checkbox"/> Express Mail
<input type="checkbox"/> Registered	<input type="checkbox"/> Return Receipt for Merchandise
<input type="checkbox"/> Insured Mail	<input type="checkbox"/> C.O.D.

4. Restricted Delivery? (Extra Fee)

 Yes

TEPHONE NUMBER
570-374-7912

DATE

11/7/00

DO NOT WRITE BELOW THIS LINE

USMS Deputy or Clerk

Date

Lavelle

11/7/00

I hereby certify and return that the process described on the individual, company, corporation, etc., at the address shown above, was served as shown in "Remarks", the process described on the individual, company, corporation, etc., shown at the address inserted below.

Article Number (Copy from service label)

7000 06000 0024 2520 0223

Domestic Return Receipt

3 Form 3811, July 1999

00-1996

102595-00-M-0952

I hereby certify and return that I am unable to locate the individual, company, corporation, etc., named above (See remarks below)

Name and title of individual served (if not shown above)

A person of suitable age and discretion then residing in the defendant's usual place of abode.

Address (complete only if different than shown above)

Date of Service

Time

12/14/00

pm

Signature of U.S. Marshal or Deputy

Debbie Lavelle

Service Fee	Total Mileage Charges (including endeavors)	Forwarding Fee	Total Charges	Advance Deposits	Amount owed to U.S. Marshal or	Amount of Refund
8.00			8.00			

REMARKS: